

INSTRUCTIONS FOR COMPLETING THE REQUEST TO UPDATE PROVIDER INFORMATION

WHO INITIATES THE FORM:	THE REQUESTING AGENCY
DATE:	THE DATE FOR FORM WAS SUBMITTED
To:	THE NAME OF THE LEAD DISTRICT CHIEF (LDC)WHO HAS RESPONSIBILITY FOR THE AGENCY THE LDC'S SERVICE AREA OF RESPONSIBILITY, I.E. 1 - 8
SERVICE AREA OR BUREAU	
FROM:	THE NAME OF THE PROVIDER DIRECTOR (NGA)OR THE PROGRAM HEAD (DMH) RESPONSIBLE FOR THE AGENCY
TELEPHONE NUMBER:	THE TELEPHONE NUMBER WHERE DMH CAN CONTACT THE DIRECTOR OR THE PROGRAM HEAD
PROV/REPORTING UNIT:	THE FOUR NUMERIC PROVIDER NUMBER AND THE ALPHA CODE. (EXAMPLE 1930A)
PROVIDER NAME:	THE ENTIRE PROVIDER NAME (NOT INITIALS)
PROVIDER TELEPHONE No:	PROVIDE THE NEW TELEPHONE NUMBER IF NEW.
PROVIDER FAX NUMBER:	PROVIDE THE NEW FAX NUMBER IF NEW.
CEO NAME:	PROVIDE THE NEW NAME OF THE CEO.
CEO TELEPHONE NUMBER:	PROVIDE THE NEW TELEPHONE NUMBER FOR THE CEO.
EMAIL ADDRESS:	PROVIDE THE NEW EMAIL ADDRESS IF NEW.
PROVIDER DIRECTOR NAME:	PROVIDE THE NEW DIRECTOR OR PROGRAM HEAD NAME IF NEW.
PROVIDER DIRECTOR TELEPHONE NUMBER:	PROVIDE THE TELEPHONE NUMBER WHERE DMH CAN CONTACT THE DIRECTOR OR THE PROGRAM HEAD
EMAIL ADDRESS:	PROVIDE THE NEW EMAIL ADDRESS IF NEW.
HEAD OF SERVICE NAME:	PROVIDE THE HEAD OF SERVICE NAME IF NEW. ATTACH A COPY OF THE HOS CLINICAL LICENSE.
HOS TELEPHONE NUMBER:	PROVIDE THE NEW TELEPHONE NUMBER WHERE DMH CAN CONTACT THE HEAD OF SERVICE.
EMAIL ADDRESS:	PROVIDE THE NEW EMAIL ADDRESS IF NEW. OTHERWISE LEAVE BLANK.
OTHER PROVIDER CHANGES:	CONTACT YOUR LDC DIRECTLY TO REPORT OTHER PROVIDER CHANGES.
SIGNATURE:	THE PROVIDER DIRECTOR OR THEIR DESIGNEE MUST SIGN THIS FORM
APPROVAL SIGNATURE:	THE LDC MUST SIGN THE FORM ACKNOWLEDGING RECEIPT OF THE FORM AND THE COPY OF THE LICENSE IF APPLICABLE.
DISTRIBUTION:	THE LCD IS RESPONSIBLE FOR SENDING A COPY TO CIOB TO UPDATE THE DMH DATA SYSTEM. THE LDC WILL ALSO SEND A COPY TO PROGRAM SUPPORT BUREAU/CERTIFICATION UNIT FOR ANY UPDATES TO THE HOS.

REVISED 5/18/2011